



## RESIDENCY FORM

Deadline to submit Residency Form and documentation is the 1st Friday of the semester.

Name: \_\_\_\_\_ G #: \_\_\_\_\_  
First Name Last name

Present Address: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City State Zip Code

Term Requesting Reclassification: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Term Year

The information requested is deemed relevant and necessary to properly determine your residence status for tuition purposes pursuant to Education Code Section 68062. Failure to answer all questions may cause you to be classified as nonresident. You may submit other information that you believe will establish your California residence. A summary of the regulations is printed in the college catalog.

1. What state do you regard as your permanent home? \_\_\_\_\_

2. If California, when did your present stay begin? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

3. List places you lived, dates and the parent (if appropriate) with whom you resided *before present stay* in California began:

FROM	TO	STATE	PARENT

4. Citizen status (check one):  
 U.S. Citizen  
 Immigrant I-551 "green card"  
 F Visa  
 J Visa / M Visa  
 Refugee / Asylee / PIP  
 Other Visa \_\_\_\_\_  
 None of the above

Issue Date of I-551 or Visa:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

5. Are you claimed as a dependent on the military record of any member of the U.S. armed forces?  Yes  No  
 If "yes," explain relationship and answer No. 7 as it pertains to the service system \_\_\_\_\_

6. If you will be 19 years of age or older by the residence determination date (one year prior to the first day of the term), answer numbers 7 through 18 as they pertain to you. If you will be younger than 19 years of age by the residence determination date, answer this item giving the name and address and other requested information about the natural or adopted parent with whom you most recently resided, or if both parents are deceased, about your legal guardian: then complete numbers 7 through 18 as they pertain to the parent or guardian whose name you will provide below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

State regarded by that person as permanent home: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Present actual whereabouts: \_\_\_\_\_

How long (continuously) living in California, if at all: \_\_\_\_\_

7. Member or veteran of U.S. armed forces?  Yes  No Date joined \_\_\_\_/\_\_\_\_/\_\_\_\_ From what state? \_\_\_\_\_

8. Ever registered to vote?  Yes  No

State	Date Registered	Date Last Voted
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

